



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R15 / 5-19)
Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? Yes No *If Yes, please enter the file number in this box. →*

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Martin		First Name Michelle		Middle Name Elaine	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 11956 W 00 NS				5. FAX (Optional)		6. E-mail Address (Optional) chellelaine.mm@gmail.com	
7. City Russiaville	State IN	ZIP Code 46979	8. County Howard		9. Telephone (Day) (765) 252-7267		10. Telephone (Evening) (765) 252-7267
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (include district number, if any. Not required for an exploratory committee.) Howard County Council District 2			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Michelle Martin for County Council 2							
14. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address. 11956 W 00 NS				15. FAX (Optional)		16. E-mail Address (Optional) chellelaine.mm@gmail.com	
17. City Russiaville	State IN	ZIP Code 46979	18. County Howard		19. Telephone (765) 252-7267		20. Committee Organization Date (mm/dd/yy) 07/01/22
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson.							
22. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City	State	ZIP Code	26. County		27. Telephone (Day)		28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) None yet							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer				Signature of the Committee Chairperson			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer.											
34. Mailing Address (number and street, city, state, and ZIP code) <input type="checkbox"/> Check if this is a new address.				35. FAX (Optional)		36. E-mail Address (Optional)					
37. City	State	ZIP Code	38. County		39. Telephone (Day)		40. Telephone (Evening)				

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment					
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson		Signature of Chairperson		Date (mm/dd/yy)	
43. Typed or Printed Name of Candidate Michelle E. Martin		Signature of Candidate <i>Michelle E. Martin</i>		Date (mm/dd/yy) 07/12/22	

Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY
FILED

SEP 08 2022

DEBBIE STEWART
Clerk Howard Cir. Court



STATEMENT OF ECONOMIC INTERESTS FOR LOCAL AND SCHOOL BOARD OFFICES

(CAN-12)

State Form 55128 (R / 8-19)
Indiana Election Division (IC 3-8-9)

INSTRUCTIONS: This statement must be filed with a candidate's: (1) declaration of candidacy for nomination at a primary or town party convention; (2) certificate of nomination by a Libertarian Party convention; (3) petition of nomination as a school board candidate; (4) petition of nomination as a minor party or independent candidate; (5) declaration of intent to be a write-in candidate; or (6) certificate of candidate selection to fill an early or late vacancy on a general or municipal election ballot. This statement must also be filed no later than noon 60 days after an individual assumes a vacant local office. **NOTE:** A candidate who files a petition of nomination for an office in a county that has a separate voter registration board from the circuit court clerk's office must file this statement with the petition of nomination after the petition has been certified by the voter registration board and when it is presented for filing with the office described in IC 3-8-2-6.

STATE OF INDIANA
COUNTY OF Howard

INFORMATION FOR THE CALENDAR YEAR BEFORE THE DATE OF THIS FILING:

2022

NOTE: Insert "Not Applicable" where appropriate.

1. Michelle E. Martin the undersigned, certify the following:
Name of Candidate or Person Filling Vacant Office

(1) The elected office which I seek as a candidate, or to which I have been appointed to fill a vacancy is
Howard County Council / District 2 (Include district, if applicable.)

(2) The name of my spouse was N/A

(3) The name of my employer and the nature of its business was
N/A

(4) The name of the employer of my spouse and the nature of its business was
N/A

(5) If I owned a sole proprietorship, the name of the sole proprietorship and the nature of its business was
N/A

(6) If I operated a professional practice, the name of the professional practice and the nature of its business was
N/A

(7) If I was a member of a partnership, the name of the partnership and the nature of its business was
N/A

(8) If my spouse was a member of a partnership, the name of the partnership and the nature of its business was
N/A

(9) If I was a member of a limited liability company, the name of the limited liability company and the nature of its business was
N/A

(10) If my spouse was a member of a limited liability company, the name of the limited liability company and the nature of its business was
N/A

(11) If I was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was
N/A

(12) If my spouse was an officer or a director of a corporation (other than a church), the name of the corporation and the nature of its business was
N/A

COMPLETE THE AFFIRMATION ON REVERSE SIDE OF THIS FORM.